

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/056348

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	7/21/05					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		5				
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99						
100						
TOTAL IND.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11					

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